

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
**Mail Stop ISSUE FEE  
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P.O. Box 1450  
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(571)-273-2885**
or **Fax**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance order and notification of maintenance fee will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

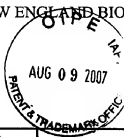
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28986

7590

06/22/2007

HARRIET M. STRIMPEL; NEW ENGLAND BIOLABS, INC.  
240 COUNTY ROAD  
IPSWICH, MA 01938-2723



## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Leslie Goldberg

(Depositor's name)

(Signature)

8/7/2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/937,070

01/29/2002

Thomas C. Evans

NEB-177-PUS

4532

TITLE OF INVENTION: METHOD FOR PRODUCING CIRCULAR OR MULTIMERIC PROTEIN SPECIES IN VIVO OR IN VITRO AND RELATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/24/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	09/09/2007	03/22/2014	03/22/2014
SCHNIZER, HOLLY G	1656	435-068100	01 FC:2501	300.00 GP	700.00 GP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page (37 CFR 1.51(a)).

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Harriet M. Strimpel

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

New England Biolabs, Inc.

Ipswich, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first recopy any previously paid issue fee shown above)

- ☒ A check is enclosed.  
☐ Payment by credit card. Form PTO-38 is attached.  
☐ The Director is hereby authorized to charge the registered fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ A. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ B. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 8/7/2007

Typed or printed name Harriet M. Strimpel, D.Phil.

Registration No. 37,008

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/937,070

Attorney Docket No.: NEB-177-PUS

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Signature

Leslie Goldberg

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Registration Number, if applicable

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Telephone Number

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Certificate of Mailing (1 page)  
Fee Transmittal (1 page)  
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Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/937,070-Conf. #4532
		Filing Date	January 29, 2002
		First Named Inventor	Thomas C. Evans
		Examiner Name	H. G. Schnitzer
		Art Unit	1656
TOTAL AMOUNT OF PAYMENT		(\$)	1,030.00
		Attorney Docket No.	NEB-177-PUS

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account            Deposit Account Number: <u>14-0740</u> Deposit Account Name: <u>New England Biolabs, Inc.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

1. BASIC FILING, SEARCH, AND EXAMINATION FEES																															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																								
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																									
Utility	300	150	500	250	200	100																									
Design	200	100	100	50	130	65																									
Plant	200	100	300	150	160	80																									
Reissue	300	150	500	250	600	300																									
Provisional	200	100	0	0	0	0																									
							Small Entity																								
							Fee (\$)	Fee (\$)																							
<b>2. EXCESS CLAIM FEES</b>																															
<b>Fee Description</b>							50	25																							
Each claim over 20 (including Reissues)																															
Each independent claim over 3 (including Reissues)							200	100																							
Multiple dependent claims							360	180																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Total Claims</b></td> <td style="width: 20%;"><b>Extra Claims</b></td> <td style="width: 10%;"><b>Fee (\$)</b></td> <td style="width: 10%;"><b>Fee Paid (\$)</b></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="3">- 20 =</td> <td>x</td> <td>=</td> <td></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			- 20 =			x	=		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Multiple Dependent Claims</b></td> <td style="width: 10%;"><b>Fee (\$)</b></td> <td style="width: 10%;"><b>Fee Paid (\$)</b></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="3"></td> <td></td> <td></td> </tr> </table>			<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>							
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- 3 =			x	=																											
HP = highest number of total claims paid for, if greater than 20.																															
HP = highest number of independent claims paid for, if greater than 3.																															
3. APPLICATION SIZE FEE																															
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																															
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>																							
- 100 =				/ 50 =		(round up to a whole number) x		=																							
4. OTHER FEE(S)																															
Non-English Specification, \$130 fee (no small entity discount)							700.00																								
Other (e.g., late filing surcharge): 2501 Utility issue fee							300.00																								
1504 Publication fee for early, voluntary, or normal ...							30.00																								
8001 Printed copy of patent w/o color																															

<b>SUBMITTED BY</b>		<b>Registration No.</b>		<b>Telephone</b>	
Signature <u>Harriet M. Strimpel</u>		37,008		(978) 380-7373	
Name (Print/Type) <u>Harriet M. Strimpel, D.Phil.</u>				Date <u>August 7, 2007</u>	